

		HAND DELIVERED
UNITED STATES HOUSE OF REPRESENTATIVES	Form A For Use by Members, Officers, and Employees 20	LEGISLATIVE RESOURCE CENTER.
	MUSIS	MUS. POUSE OF REPRESENTATIVE
Name: Mike Quigley Da	Daytime Telephone: 202-225-4061 A \$200 penalty s	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER X House of Representatives District 5	Officer or Employing Office: Si	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT X 2018 Annual (Due: May 15, 2019)	Amendment Termination  Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? X b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No X  G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or persion/IRA distributions) of \$200 or more during the Yes X reporting period?	No  H. Did you, your spouse, or your dependent child receive any reportable travel or raimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable  Yes  X	No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No X
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	No X ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	UESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public contact the Committee on Ethics for further guidance.	as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please	Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded nid?	Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilitical three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	rme, transactions, or liabilities of a spouse or your dependent child because they meet th the Committee on Ethics.	Yes No X

The account that exceeds the reporting thresholds. A B C D E F G H I J K L M  For bank and other cesh accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in nierest-bearing accounts.  For rential and other real property hald for investment, provide a complete address or description, e.g., Tental	Assets and/or income Sources  Value of Asset  Value of Asset  Type of Income  Value of Asset  Type of Income  Value of Asset  Value of Asset  Type of Income  Value of Asset  Type of Income  Value of Asset  Type of Income  Income  Check at columns that apply. For accounts the enceding \$1,000 at the end of the reporting period, used.  and (b) any other reportable asset or source of income if an asset was sold during the reporting period and is income for a succession of the reportable asset or source of income if an asset was sold during the reporting period and is included only if references, the reporting period and is included only if references, the reporting period and is included only if references, the reporting period and in which asset period in the reporting period and the reporting period and the reporting period and in which asset period in the reporting period and the repo	SCHEDULE A - ASSETS & "UNEARNED INCOME"  Name: N
	F = 4 3 7 4 2	Name: Mike Quigley
	BLOCK D  BLOCK E  ARROUNT of Income  ARROUNT of Income  Transaction  T	Page 2of
follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the stast had purchaspe (F), sake (S), or acchanges (E) excessing \$1,000 in the raporting period. If only a portion of an asset was sold, please indicate and	6

## SCHEDULE C - EARNED INCOME

Name:	
e: Mike Quigley	
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440, in addition, certain types of income (notably honorane, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Туре	Amount
Keena Sitrie	Approved Teaching Fee	\$6,000
	Spouse Speech	\$1,000
Sonoma County Tourism	Spouse Salary	N/A
Palm Springs Desert Resorts	Spouse Salary	N/A
Cook County	Pension	\$23,474.52
University of Chicago	Approved Teaching Fee	\$8,000.00

## SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all flabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; flabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sixing of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

-									Amount of Liability	t of Li	ability				
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S. S		Creditor	Date Llability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spause/DC Liability)
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				×							
JT	Congressi	Congressional Federal Credit Union	8/16	Mortgage on Residence					×						
Ħ	Congressi	Congressional Federal Credit Union	8/16	Mortgage on Residence				×							
T	Congress	Congressional Federal Credit Union	8/16	Mortgage on Second Residence					×						
Ħ	Congress	Congressional Federal Credit Union	8/16	Mortgage on Second Residence	_	×									
Ħ	Congressi	Congressional Federal Credit Union	12/11	Revolving Charge Account (note1)	X										
	7	700110													

## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor.

Were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of Charte (AECEA)	Aug. 6-11	DC-Baying, China-DC	≺	۲	Z
C. Addings are a	Habilat for Humanity (charity fundralese)	Mar. 3-4	DC-Boston-DC	۲	۲	~
Aspen Institute	nstitute	5/28/18 to 6/3/18	Chicago-Helsinki-Tallinn-Helsinki-Chicago	Y	Y	Å
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						1	NOTE NUMBER
						Revolving Charge Account paid off in 2019	NOTES